

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	10/21/03
Application Type::	Continuation-in-part
Subject Matter::	Utility
Title::	METHODS AND KITS FOR VOLUMETRIC DISTRIBUTION OF PHARMACEUTICAL AGENTS VIA THE VASCULAR ADVENTITIA AND MICROCIRCULATION
Attorney Docket Number::	021621-000120US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	11
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	KIRK PATRICK
Family Name::	SEWARD
City of Residence::	Dublin
State or Province of Residence::	CA
Street of Mailing Address::	5289 Gilford Court
City of Mailing Address::	Dublin
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94568

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: LYNN MATEEL  
Family Name:: BARR  
City of Residence:: Lafayette  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1600 Shangri-La Court  
City of Mailing Address:: Lafayette  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94549

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JUDITH  
Middle Name:: CAROL  
Family Name:: WILBER  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 967 Hillcroft Circle  
City of Mailing Address:: Oakland  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94610

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ROBERT  
Family Name:: CAFFERATA

City of Residence:: Santa Rosa  
 State or Province of Residence:: CA  
 Country of Residence:: US  
 Street of Mailing Address:: 4794 Hillsboro Circle  
 City of Mailing Address:: Santa Rosa  
 State or Province of mailing address:: CA  
 Postal or Zip Code of mailing address:: 95405

### Correspondence Information

Correspondence Customer Number:: 20350

### Representative Information

Representative Customer Number:: 20350

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/350,314	01/22/03
10/350,314	An Appn claiming benefit under 35 USC 119(e) of	60/430,993	12/03/02
10/350,314	An Appn claiming benefit under 35 USC 119(e) of	60/370,602	04/05/02
10/350,314	An Appn claiming benefit under 35 USC 119(e) of	60/356,670	04/05/02
10/350,314	An Appn claiming benefit under 35 USC 119(e) of	60/350,564	01/22/02

### Assignee Information

Assignee Name:: EndoBionics, Inc.  
 Street of mailing address:: 3077 Teagarden Street  
 City of mailing address:: San Leandro  
 State or Province of mailing address:: CA  
 Postal or Zip Code of mailing address:: 94577